

05/16/01

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<b>FEE TRANSMITTAL</b>		Complete if Known	
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§1.27 and 1.28.		Application Number	New
		Filing Date	May 16, 2001
		First Named Inventor	Madhavan NAMPOOTHIRI, et al.
		Examiner Name	Unassigned
		Group / Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT: \$ 0.00		Attorney Docket No.	32301WD1181

<b>METHOD OF PAYMENT (check one)</b>		<b>FEES CALCULATION (continued)</b>																																																																																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES																																																																																																													
Deposit Account No.: <u>02-4300</u> Deposit Account Name: _____		<table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td></tr> <tr><td>118</td><td>1,510</td><td>218</td><td>755</td></tr> <tr><td>128</td><td>2,060</td><td>228</td><td>1,030</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>295</td></tr> </tbody> </table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	950	217	475	118	1,510	218	755	128	2,060	228	1,030	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,320	241	660	142	1,320	242	660	143	450	243	225	144	670	244	335	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	790	246	395	149	790	249	295
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2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Other fee (specify) _____																																																																																																													
<b>FEES CALCULATION</b>		Other fee (specify) _____																																																																																																													
<b>1. BASIC FILING FEE</b>		SUBTOTAL (1): \$ 0.00																																																																																																													
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<b>2. EXTRA CLAIM FEES</b>		SUBTOTAL (3): \$ 0.00																																																																																																													
Extra Claims    Fee from    Fee paid below		*Reduced by Basic Filing Fee Paid																																																																																																													
Total Claims    -20 = 6 x \$18.00 = 0.00		TOTAL: \$ 0.00																																																																																																													
Indep. Claims    -3 = 0 x \$80.00 = 0.00																																																																																																															
Multiple Dep.    = 270.00 = 0.00																																																																																																															
<b>**THIS APPLICATION IS BEING FILED WITHOUT FILING FEES**</b>																																																																																																															
**Or number previously paid, if greater. For Reissues, see below.																																																																																																															
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<b>SUBMITTED BY</b>		Complete (if applicable)			
Typed or Printed Name	Robert G. Weilacher		Reg. Number	20,531	
Signature	P.G.W. 45,334	Date	May 16, 2001	Deposit Account User ID	02-4300